

Iowa Department of Public Health

✓ The Check-Up

An update on issues and ideas related to health reform in Iowa

The Check-Up is a monthly health care reform newsletter designed to keep interested Iowans up to date on the progress of health reform initiatives.

The Check-Up will feature updates on activities of the health reform councils as authorized by [HF 2539](#) (2008) including the Legislative Health Care Coverage Commission, activities related to the Federal Patient Protection and Affordable Care Act ([HR 3590](#)), and other activities related to the focus of the councils.

The Check-Up will be archived on the main IPDH Health Care Reform Website at http://www.idph.state.ia.us/hcr_committees/

Electronic Health Information Advisory Council

IDPH is pleased to announce the hiring of Kim Norby as the State Health Information Technology Coordinator / Iowa e-Health Executive Director. Mr. Norby comes to the department from Burgess Health Center in



Onawa, Iowa where he has served as the chief information officer. Additionally, he is a current member of the Iowa e-Health Advisory Council, representing rural hospitals through membership with the Iowa Hospital Association. In his new role, which begins on September 17th, Mr. Norby will work to align and promote health information technology in Iowa, across state boundaries, and with the Office of the National Coordinator for Health Information Technology.

On July 13th, the Centers for Medicare and Medicaid Services (CMS) released the final rule for “meaningful use” of health information technology. Under the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009, eligible health care professionals and hospitals can qualify for Medicare and Medicaid incentive payments when they adopt certified EHR technology and use it to achieve specified objectives. This funding may provide millions of dollars to eligible health care professionals in Iowa.

For more information about meaningful use provider incentives, visit: www.iowaHITREC.org and www.ime.state.ia.us/Providers/EHRIncentives.html.

Next Meeting: November 5th 10am – 2pm at the West Des Moines Public Library

August/September 2010

Websites

Advisory Councils

[Electronic Health Information](#)

[Prevention and Chronic Care Management](#)

[Medical Home](#)

[Health and Long-Term Care Access](#)

[Direct Care Worker](#)

[Governor's Council on Physical Fitness and Nutrition](#)

[Patient Autonomy in Health Care Decisions Pilot Project \(IPOLST\)](#)

Other Iowa HCR Activities

[Iowa Healthy Communities Initiative](#)

[Small Business Qualified Wellness Program Tax Credit Plan](#)

[Legislative Health Care Coverage Commission](#)

Prevention and Chronic Care Management Advisory Council

The Prevention and Chronic Care Management (PCCM) Advisory Council Initial Report is available [here](#). Their issue brief on “Chronic Disease Management” is available [here](#). The issue brief on “Disease Registries” is available [here](#). It was developed collaboratively by the PCCM Advisory Council, the Medical Home System Advisory Council, and the eHealth Advisory Council. The next issue briefs produced by the PCCM Advisory Council will be on “Prevention”, the “Community Utility” concept, and “Care Coordination”.

Ed Wagner, who developed the [Chronic Care Model](#), will be receiving the University of Iowa College of Public Health’s Hansen Award. A conference will be held on **October 27th** in Iowa City to present Ed Wagner with this award. The PCCM Council staff continues to assist in the planning of this event. The conference is titled “Addressing Chronic Diseases in Iowa”.

The Chronic Disease Management Subgroup is focusing on [SF 2356](#) to develop a plan to coordinate care for individuals with diabetes who receive care through safety net providers. As a first step, IA/NEPCA conducted focus groups in the Federally Qualified Health Centers (FQHC) to determine the barriers that people with diabetes face. IA/NEPCA produced a report for the Council summarizing the results of the focus groups. The report can be found [here](#). Focus groups were done on participants who’s diabetes were in control, and also on participants who’s diabetes were poorly controlled. They found that the three largest barriers:

- 1- Stress is the biggest issue.
- 2- Family engagement is very important. Families need to be more engaged and understanding their family members’ disease.
- 3- The participants wanted more information about the disease itself, and want it in a focus group type setting.

The Prevention Subgroup is focusing on [HF 2144](#) to develop recommendations by December 15, 2011 on strategies to collect and provide statistically accurate data concerning chronic disease in multicultural groups of racial and ethnic diversity in the state. Following implementation of the strategies and collection of data, the council shall also make evidence-based recommendations to the director to address and reduce identified disparities. The subgroup will submit the recommendations to the full Council, then the Council will submit them to the Director of IDPH. An agreement has been made that the subgroup and IDPH’s Office of Multicultural and Minority Health Advisory Council will collaborate closely in the work of this legislative charge.

- The [Iowa Center on Health Disparities](#) will be doing a webinar with the subgroup, as well as the Office of Multicultural Health’s Advisory Council to give their expertise and advice on the direction the subgroup should go, and will give an overview of the current barriers in Iowa to collecting disparities data.

PCCM staff have been involved in writing the Iowa State Planning & Establishment Grant for the Affordable Care Act’s Exchanges. The Notice of Grant Award is expected on Thursday, September 30th. See the “General Health Care Reform News in Iowa” section in this Check-Up for further information about the grant and background about exchanges.

Minutes from the last PCCM Council meeting held on Friday, August 27th are available [here](#).

[Next Meetings: October 27th 3:00 – 4:30 at the Marriot in Coraville](#)
[\(following the conference in Iowa City with Ed Wagner- “Addressing Chronic Diseases in Iowa”\)](#)

Medical Home System Advisory Council

The Medical Home System Advisory Council's (MHSAC) Progress Report #2 is now finalized and is available [here](#). Progress Report #1 is available [here](#). Minutes from the last MHSAC meeting held on Wednesday, June 30th are available [here](#).

The Council continues to collaborate with Medicaid in the development the [IowaCare Medical Home Model](#), established in [SF 2356](#). The expansion will phase in FQHCs to provide primary health care services to the IowaCare population and to comply with certification requirements of a Medical Home. Initially, the FQHC's will be required to meet a set of medical home minimum standards.

IDPH is working on drafting and adopting rules for certification. The Council voted that Iowa will use NCQA as the method to certify medical homes with the exception that Nurse Practitioners will be able to be certified as well.

The work of the Medical Home Multipayer Collaborative Workgroup is moving forward. As a reminder, this workgroup was formed after Iowa decided not to apply for the CMS demonstration project. This workgroup includes key stakeholders, including Wellmark and Medicaid, to develop a multipayer pilot project for Iowa within the next 6-12 months. At their last meeting, the workgroup came up with shared goals of a transformative initiative. They include:

- Improve quality of care and reduce costs
- Simple methods of measurement and payment
- Create synergies on common ground ex. Meaningful use, 90% match for Medicaid, reimbursing for outcomes
- Needs to be sustainable- equip people to get to that point
- Consumers need to be at the table

Under the Federal Patient Protection and Affordable Care Act, there is an option that Iowa is looking into to get a state match through a [State Plan Amendment](#). It is Title XIX of the Social Security Act- "State Option to Provide Health Homes for Enrollees with Chronic Conditions". This starts January 1st, 2011 and is for implementing health homes for people with chronic conditions. There is a 90% match for medical home payments in the first 2 years. After that, it goes back to the normal reimbursement rate of 65%. The language mentions that payment methodologies can be tiered and are not limited to per member per month. States will need to coordinate with SAMSA for providing mental health services.

The language defines that chronic conditions shall include but are not limited to:

- A mental health condition
- Substance use disorder
- Asthma
- Diabetes
- Heart disease
- Being overweight, as evidenced by having a BMI over 25.

The services to be provided by the health home are:

- Comprehensive care management
- Care coordination and health promotion
- Comprehensive transitional care, including appropriate follow-up from inpatient to other settings
- Patient and family support
- Referral to community and social support services
- Use of health information technology to link services, as feasible and appropriate.

Medical Home staff at IDPH have been involved in writing the Iowa State Planning & Establishment Grant for the Affordable Care Act's Exchanges. The Notice of Grant Award is expected on Thursday, September 30th. See the "General Health Care Reform News in Iowa" section in this Check-Up for further information about the grant and background about exchanges.

Next Meeting: December 8th 10:00-2:00 location TBD (DSM Area)

Strategic Plan for Health Care Delivery Infrastructure & Health Care Workforce Resources

The 2010 Strategic Plan for Health Care Delivery Infrastructure and Health Care Workforce Resources is available [here](#).

IDPH is still exploring the possibilities of language to codify the Iowa Health Workforce Center per the first goal in the Phase 1 2010 Strategic Plan. Stay tuned.

The Iowa Workforce Development Board and Iowa Workforce Development (IWD) have submitted an application for a Health Care Workforce Development Grant offered as a result of the Affordable Care Act. This is an application for a one-year \$150,000 planning grant. Details were presented by Todd McGee (IWD) to the Health and Long-Term Care Access Advisory Council at their August meeting. The presentation is available [here](#).

Development of the 2012 Strategic Plan includes components beyond health and long-term care workforce. A major topic of the August meeting was Certificate of Need (CON). Barb Nervig, the IDPH CON coordinator, provided a presentation explaining how CON works in Iowa. Her presentation is available [here](#). Michelle Holst followed with a review of the Iowa Code requirements for the Strategic Plan which pertain to certificate of need, and the Council discussed ideas about how these requirements may be incorporated into the 2012 plan. Full Iowa Code requirements for the Strategic Plan are found in Iowa Code 135.164, and a breakout of the requirements is available on the Council's webpage [here](#).

Erin Drinnin, Community Health Consultant with the Bureau of Health Care Access at IDPH, provided an overview of Health Workforce Resources. Her presentation is available [here](#).

Watch for minutes from the August meeting and find other materials of interest regarding this effort at the webpage: http://www.idph.state.ia.us/hcr_committees/care_access.asp.

Next Meeting: October 28th 10:30 – 3:00 at the Urbandale Public Library

Direct Care Worker Advisory Council

The Council is hard at work addressing the requirements of the 2010 Legislature, which are:

- Develop an estimate of the size of the direct care workforce.
- Identify the information management system needs required to facilitate credentialing and estimate the cost for development and maintenance.
- Report on the results of a pilot.
- Report on activities for outreach and education.
- Recommend composition of the board of direct care workers and the elements of its work and credentials it will oversee.

The Council has outlined priority goals and activities for the fiscal year addressing four areas – governance, curriculum, workforce data, and outreach. The work is primarily being conducted by committees, which are comprised of Council members and outside stakeholders and experts.

Council members recently viewed a demonstration of a web portal and information management system for tracking and maintaining credentialing of professionals. The demonstration was provided by CSDC Systems and allowed Council members to better understand the potential capabilities of such a system. In addition, Carol Sipfle, Executive Director of the Alzheimer's Association, presented the recommendations the Association recently released regarding development of a standard dementia curriculum model for training direct care workers. The Council discussed the commonalities between the Association's recommendations and the Council's work and expressed interest in coordinating the efforts.

During the September meeting, the committees of the Council met and made progress on the recommended model for the credentialing system, early outreach activities, availability of data on the workforce, and core curriculum recommendations.

Next Meeting: October 14th 10:00 – 3:00 location TBD

Iowa Health Reform Prevention & Wellness Initiatives

Iowa has many worksite wellness leaders. Large businesses across the state are implementing results-oriented, comprehensive programs. Smaller businesses are taking innovative approaches to positively impact the health of their employees. More than 30 organizations are Wellness Council of America's Well Workplace designees and another five will be awarded this fall at the Healthy Iowa Awards banquet.

Three initiatives are supporting worksites in making the healthy choice the easy choice. The first is through the Federal Affordable Care Act. Technical assistance from the Centers for Disease Control and Prevention will be provided to businesses in evaluating the impact of employee wellness programs. Additionally, grants will be made available to eligible small businesses for implementation of comprehensive workplace wellness programs.

Iowa Healthy Communities Initiative

Iowa communities are using the Iowa Healthy Communities Initiative (IDPH Community Wellness) Grant Program to support healthier worksites. The Siouxland District Health Department is using their Community Wellness Grant to look at worksite wellness in a different way. A local worksite wellness coordinating council has been formed and consists of interested representatives from organizations in the Sioux City area. They meet monthly to discuss a variety of topics including the Wellness Council of America's seven benchmarks and ways to improve the health of the community's workforce. In just one year, their efforts are demonstrating impact. A 2010 survey of area businesses revealed that 85% are offering a worksite wellness program; up from 66% in 2009. The collaborative effort is making a difference.

Upcoming events:

- **September 23, 2010, 8:00 am to 3:00 pm: Wellness Council of Iowa 2010 Healthy Iowa Conference.** For more information and to register, visit <http://wellnessiowa.org/>
- **September 23, 2010, 5:30 pm to 9:00 pm: Healthy Iowa Awards Banquet.** For more information and to register visit <http://wellnessiowa.org/2010/08/healthy-iowa-awards/>
- **November 30, 2010, 9:00 am to 4:00 pm: Building a Healthier Workforce and a Healthier Iowa Conference.** To register, visit www.medicine.uiowa.edu/cme and then click on "Upcoming Conferences" to scroll for the conference.

Small Business Qualified Wellness Program Tax Credit Plan

Click [here](#) for a copy of the plan. IDPH Iowans Fit for Life worksite wellness toolkit has been released. "Healthy Iowa Worksites: A collection of active and eating smart tools for building your worksite wellness program" has been posted to the Iowans Fit for Life Web site <http://www.idph.state.ia.us/iowansfitforlife/Default.asp>.



Patient Autonomy in Health Care Decisions in Pilot Project Advisory Council (IPOST)

The final report of the Patient Autonomy in Health Care Decisions Pilot Project is available [here](#)

The IPOST Pilot Project in Cedar Rapids continues successfully. This past year's legislation directed the project to do outreach into a rural area and Jones County has committed to becoming that rural outreach site and developing their own rural "pilot". Meetings between the pilot leaders and the outreach champions have begun. An informational meeting for the Jones Regional Medical Center medical staff was held on July 14th. The outreach project planning will now begin with identification of key stakeholders and development of their coalition. Training will begin in October with implementation scheduled for November. There is much to be done between now and November, but the champions are pumped – stay tuned for updates on this extraordinary effort. Click [here](#) to view the June 2010 newsletter.

Legislative Health Care Coverage Commission

The [Legislative Health Care Coverage Commission](#) was created by 2009 Iowa Acts, Chapter 118, §1 ([SF 389](#)) and is charged to develop an Iowa health care reform strategic plan which includes a review and analysis of and recommendations and prioritization of recommendations for various options for health care coverage of Iowa's children, adults, and families, with a particular emphasis on coverage of adults.

The Commission is made up of 11 citizen (voting) members, 4 legislators, and 3 department heads. They began their work in September 2009 and completed their progress report to the General Assembly which summarizes the Commission's activities from September through December 2009. The report with their recommendations can be found [here](#).

Four workgroups were created to focus on particular aspects of health care coverage. The passage of the Federal Patient Protection and Affordable Care Act has changed the charges of these workgroups to reflect the Commission's new role in assuring that national health reform is implemented in Iowa in an efficient, high-quality, and practical way. The workgroups include:

- [Workgroup I- IowaCare Expansion, Medicaid Expansion Readiness, and High-Risk Pool](#) will focus on reviewing, analyzing, recommending, and prioritizing options to provide health care coverage to uninsured and underinsured adults. The Workgroup will concentrate on the expansion of the IowaCare program as specified in SF 2356; how to prepare the state for Medicaid expansion set to take place in 2014; and how to maximize the effectiveness of the existing (state) and new (federal) high risk pools in providing care to uninsurable individuals between 2010 and 2014.
- [Workgroup II- Value-based Health Care](#) will focus on how to create opportunities for the most cost-effective use of health care resources throughout Iowa in both the publicly and privately purchased health care.
- [Workgroup III- Insurance Information Exchange](#) will work with the Iowa Insurance Commissioner on the development of the new Insurance Information Exchange.
- [Workgroup IV- Wellness](#) intends to take testimony from 20-30 organizations from both within and outside the state to discuss cutting edge cost-control efforts, including how to design incentives to change behavior for clients that will bend the curve on health care costs.

Next Meetings:

- [Workgroup IV- Wednesday, September 29, 2010- 9 AM to 1:00 PM, Room 19](#)
- [Workgroup III- Monday, October 4, 2010- 10:00 AM to NOON, Room 19](#)
- [Workgroup IV- Tuesday, October 12, 2010- 9 AM to 1:00 PM, Room 19](#)
- [Workgroup IV- Friday, October 29, 2010- 9 AM to 1:00 PM, Room 19](#)
- [Legislative Health Care Coverage Commission- Wednesday, November 10, 2010- TENTATIVE - 10 AM to 3 PM, Rm 103, Supreme Court Chamber](#)

General Health Care Reform News in Iowa

IDPH staff from the Medical Home System Advisory Council and the Prevention and Chronic Care Management Advisory Council has been very involved in the writing of the Iowa State Planning & Establishment Grant for the Affordable Care Act's Exchanges. It is a one-year planning grant for \$1 Million dollars. Each state can apply for up to \$1 Million, and a total of \$51 Million will be distributed. The Notice of Grant Award is expected on Thursday, September 30th. IDPH is the leading entity for this planning grant.

Background of Insurance Exchanges- Beginning in 2014, tens of millions of Americans will have access to health coverage through newly established Exchanges in each State. Individuals and small businesses can use the Exchanges to purchase affordable health insurance from a choice of products offered by qualified health plans. Exchanges will ensure that participating health plans meet certain standards and facilitate competition and choices by rating health plans' quality. Individuals and families purchasing health insurance through Exchanges may qualify for premium tax credits and reduced cost-sharing if their household income is between 133 percent and 400 percent of the Federal poverty level. The Exchanges will coordinate eligibility and enrollment with State Medicaid and Children's Health Insurance Programs to ensure all Americans have affordable health coverage.

- Iowa will be conducting focus groups for consumers and business, holding regional meetings across the states, and creating a new advisory council to lead this effort.